EMT-Intermediate/99	Application	I am sub	mitting th	nis appli	cation to test at	Office Us	e Only
The National Registry		Name of Facility		City	l Date Received	<u> </u>	
of Emerg	ency	Name of Facility			City	ale Neceived	
Medical 7	Technicians	State	on	Date	(MM/DD/YY)	ee Number	
State Date (WINDD/11)					Vritten Exam Da	te	
Application Date S	ocial Security Number	er					
Have you ever applied for NREMT-I/99 registration? O Yes O No							
Please list your current NREMT-B or NREMT-I/85 number. If you do not possess current National Registration, please list your current state EMT certification number Current EMT Number Please attach copy of card							
Last Name		First	Name				MI
Mailing Address						Progr	am Code
					Gender		
City	State	Zip Code +	+ 4		_	Date of Birth	1
					○ Female		
Primary Occupation		Em	ployed by				
APPROVED EMT-I/99 COURSE: Athe National Standard EMT-I/99 Curri							
EMT-I/99 training program is more that							
hours of approved EMT-I/99 refresher	training within the pas	st two years a	nd attach of	fficial docu	mentation to this applica	ation.	
Name of initial training institution of	or agency Street Ad	Idress			City	State	Zip Code
Classroom Hours Clinical Ho	ours Field Intern	nship Hours	Cours	e Comple	tion Date R	efresher Co	mpletion Date
Olassiooni Flours Clinical Flo		Isriip Hours	Cours				=
Physician Director			Instru	ictor/Cours	se Coordinator		
. Hydidian Director				otor, oour			
What is the highest level of	Please indicate the				Will you be paid for yo		ic Origin
education you have completed?	are or will be affilia	•		-11 37	services as an EMT-I/9		
O Didn't complete high school	<u>-</u>	Ξ.			=		Native American
High school graduate/GEDAssociate's degree	PrivateHospital-Based	O Army d O Navy	=		NoNot yet affiliated		Asian Black
Bachelor's degree	3rd-Service	Air F			O 1101) 01 aa.	•	Hispanic
Graduate degree	Volunteer	O Coa	st Guard			•	White
	Other					0	Other
Felony Statement							
O Yes O No Have you e	ver been convicted of a	felony			-	•	ner question, you
Yes No Have you ever been subject to limitation, suspension, or termination of your describes the offense, current status, and							
right to practice in a health care occupation or voluntarily surrendered a health disposition of the case care licensure in any state or to an agency authorizing the legal right to work?							
Candidate Statement and Signature: I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the							
National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of							
Emergency Medical Services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered)							
with the NREMT to the public 30 days following mailing of my test scores.					Physician Name (Print or Type)		
Physician Statement and Signature: As Medical Director of EMT-I/99							
Operations, I hereby affirm and declare that					Physician Signature		
is in good standing within our system or educational program and that he/she has completed an approved EMT-Intermediate/99 training program that equals or exceeds					License # and leaving	State	
the behavioral objectives of the National Standard EMT-Intermediate/99 Curriculum				License # and Issuing	State		

CPR Credential

As the candidate's CPR instructor/tra performed satisfactorily so as to be d			
Adult 1 & 2 Rescuer CPR Adult Obstructed Airway Maneuvers Child CPR Child Obstructed Airway Maneuvers Infant CPR Infant Obstructed Airway Maneuvers	Verifying Signature CPR Expiration Date	Date	Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application

Statement of Competency in EMT-Basic Skills

As the EMT-Intermediate/99 Training Program Director or service director of training/operations, I verify thathas been examined and performed satisfactorily so as to be deemed competent in each of the following skills: (Candidate's Name)							
Spinal Immobilization (Seated Patient)	Spinal Immobilization (Supine Patient)	Bleeding Control/Shock Management					
Signature:	Date:						
Name (Please Print)							
Title (Please Print)	Telephone #						

National Registry EMT-Intermediate/99 Application Information

Entry Requirements:

- 1. Current National registration or state certification at the EMT-Basic level at a minimum.
- 2. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.
- 3. Successful completion of a state-approved EMT-Intermediate/99 training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Intermediate/99 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
- 4. If the candidate's initial Intermediate/99 training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-I/99, the candidate must document completion of 36 hours of approved Intermediate/99 refresher training that meets all objectives of the current EMT-Intermediate/99 National Standard Refresher curriculum. Program completion date can be no older than 24 months from the date of testing.
- 5. Submission of a completed application attesting the above requirements as well as all other published entry requirements of the National Registry of EMTs. The official application must be signed by the Physician Medical Director of Training/Operations, attesting to the candidate's good standing within the educational program or service and that he/she has completed the requisite training. Competency in EMT-Basic skills must also be verified by the EMT-Intermediate/99 Training Program Director or service director of training/operations. Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- 6. Submission of the appropriate fee. Registration fee for first time candidates is \$35.00. This fee will increase to \$45.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$35.00 registration fee. This fee will increase to \$45.00 effective January 1, 2002. All fees should be submitted in the form of a money order or certified bank check. Personal checks will not be accepted.
- 7. Successful completion of the National Registry EMT-Intermediate/99 written and practical examinations.

Checklist for Submitting an Application for the National Registry EMT-Intermediate/99 Examination Process:

- 1. Have you, your physician medical director, and your training director or service director of training/operations signed the application? Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- 2. Have you affixed a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
- 3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Intermediate/99 training which meets or exceeds the behavioral objectives of the EMT-Intermediate/99 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation?
- 4. Have you attached a copy of a current state or National EMT-B card at a minimum? If you currently possess state certification as an EMT-Intermediate/99, a copy of your current EMT-I/99 card may be attached in lieu of any other state card.
- 5. Have you filled in all of the information requested on the application, including the felony statement?
- 6. Have you attached a certified bank check or money order in the appropriate amount to this application? All attempts of the written examination require submission of a \$35.00 certified bank check or money order. The fee will increase to \$45.00 effective January 1, 2002.
- 7. Have you made reservations with the examination coordinator of this test site by the scheduled deadline? Reservations must be made at least three (3) weeks in advance of the examination.
- 8. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
- 9. Send application to: National Registry of Emergency Medical Technicians, PO Box 29233, Columbus, Ohio 43229.
- 10. For more information please visit our homepage at http://www.nremt.org or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.